

SECTION 1: General Information

NOP Rule 205.401

Name		Farm Name	
Address		City	
State	Zip code		Date
Phone	E-mail	Fax	
Legal status: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal partnership (federal form 1065) <input type="checkbox"/> Other (specify)			
Year first certified	List any prior agencies of organic certification	List any current agencies of organic certification	
<p>1) Is your dairy operation:</p> <p><input type="checkbox"/> 100% organic <input type="checkbox"/> a split operation (both organic and conventional production)</p> <p>2) Do you have an updated copy of the NOP regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3) Do you intend to certify any crops, cropland, or pasture acreage this year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) If yes, have you also completed an Organic System Plan for crops? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4) Is any off-farm or on-farm processing done (slaughtering, packaging, bottling, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) If yes, have you submitted and Organic Handling System Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5) Give directions to your farm for the inspector.</p> <p>6) When are you most available to contact? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening</p> <p>7) When are you most available for the inspection? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening</p>			